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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

Attorney Docket Number	20066.79
First Named Inventor	Dov MALONEK
COMPLETE IF KNOWN	
Application Number	/ to be assigned
Filing Date	/ to be assigned
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTI-ELECTRODE LEAD

the specification of which
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
126905	11/05/1998	

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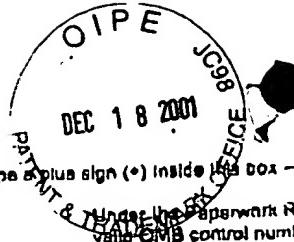
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains
a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(e) of any PCT International application designating the United States of America, filed before this, neither of the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 111. I acknowledge the duty to disclose information which is material to patentability as provided in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (or Application Number)	
PCT/IL99/00595	11/04/1999		
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/8802A attached hereto. As a named inventor, I hereby assign the following registered practitioner(s) to prosecute this application and to represent me, or his/her heirs, by the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number [REDACTED] → <input checked="" type="checkbox"/> Agent Customer Number (or Bar Code Label) [REDACTED] <input checked="" type="checkbox"/> Enrolled practitioner(s) name/registration number listed below			
Name Michael J. Wolfson William H. Dipert R. Lewis Gable	Registration Number 24,750 26,723 22,479	Name Mark Montague Registration Number 36,612	
<input type="checkbox"/> A statement (declaration) is made on supplemental Registration Declaration Information sheet PTO/8802C attached hereto Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label [REDACTED] OR <input checked="" type="checkbox"/> Correspondence address below			
Name William H. Dipert			
Address Cowan, Liebowitz & Latman, P.C.			
Address 1133 Avenue of the Americas			
City New York	State NY	Zip 10036-6799	
Country USA	Telephone (212) 790-9200	FAX (212) 678-0871	
I hereby declare that all statements made both of my own knowledge are true and that all statements made on information and belief are believed by me true, and further that these statements were made with the knowledge that such statements and the files so made are perishable by law or regulation, or both, under 10 U.S.C. 7001 and that such perishable statements may jeopardize the validity of the prosecution of any patent issued thereon.			
Name of Sole or First Inventor: Dov Melansak	<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle if applicable) Dov Family Name or Surname Melansak		
Inventor's Signature <i>Dov Melansak</i>	Date 25/10/01		
Residence City Tivon	State [REDACTED]	Country Israel	Zip Code [REDACTED]
Post Office Address Hadganiot Street 24			
Post Office Address Tivon	State [REDACTED]	Country Israel	Zip Code 36002
<input type="checkbox"/> Additional inventors are being named on the <u>1</u> Supplemental Additional Inventor(s) sheet(s) PTO/8802A attached hereto			



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PTO/SB/02A (3-87)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Nissim		Darvish				
Inventor's Signature						8/9/01 Date
Residence: City	Haifa	State		Country	Israel	Citizenship
Post Office Address	Hantek Street 22/b					
Post Office Address						
City	Haifa	State		ZIP	34605	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Judith		Kornfeld				
Inventor's Signature	<i>Kornfeld J</i>					21/08/01 Date
Residence: City	Haifa	State		Country	Israel	Citizenship
Post Office Address	Ilanot Street 31/a					
Post Office Address						
City	Haifa	State		ZIP	34324	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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